

**FORM LM-30**  
**LABOR ORGANIZATION OFFICER AND**  
**EMPLOYEE REPORT**

This report is mandatory under P L 88-257 as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT**

1 File Number <b>9721</b>	2 Fiscal Year Covered From. 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name Michael S Bednarczuk  P O Box Bldg Room No if any Suite 101  Street 1347 West Fifth Ave  City Columbus  State Ohio ZIP Code + 4 43212-2906	4 Name file number and address of labor organization Name Southern Ohio Administrative District Council  Labor Organization File Number 530-046  P O Box Building and Room Number if any Suite 101  Street 1347 West Fifth Ave  City Columbus  State Ohio ZIP Code + 4 43212 2906
5 Position in labor organization Director	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions).

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State ZIP Code + 4	7 a Nature of Interest Transaction or Income        7 b Amount

**Signature**

15. Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)

Signed

*Michael S Bednarczuk*

On 8/12/2005

Date

614-487-8290

Telephone Number

Name of Person Filing <b>Michael Bednarczuk</b>	File Number <b>U</b>
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**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<b>8 Name and address of Business (including trade name if any)</b> Name <b>Ohio Bricklayers Health &amp; Welfare Fund</b> Trade Name if any P O Box Bldg Room No if any <b>Suite 225</b> Street <b>205 West Fourth Street</b> City <b>Cincinnati</b> State <b>Ohio</b> ZIP Code + 4 <b>45202</b>	<b>9 Business deals with</b> <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer				
<b>10 If 9 b or 9.c is checked give trust or employer's name</b> Name <b>Ohio Bricklayers Health &amp; Welfare Fund</b> Trade Name if any P O Box Bldg Room No if any <b>Suite 225</b> Street <b>205 West Fourth Street</b> City <b>Cincinnati</b> State <b>Ohio</b> ZIP Code + 4 <b>45202</b>	<table border="1"> <tr> <td data-bbox="803 682 1534 934"> <b>11 a Nature of such dealing</b>            Travel Expense to Trustees Meeting            9/9-9/10/2004         </td> </tr> <tr> <td data-bbox="803 934 1534 976"> <b>11 b Approximate dollar value of such dealing</b> <b>\$85</b> </td> </tr> <tr> <td data-bbox="803 976 1534 1249"> <b>12 a Nature of interest held or income received</b> </td> </tr> <tr> <td data-bbox="803 1249 1534 1285"> <b>12 b Amount</b> <b>\$0</b> </td> </tr> </table>	<b>11 a Nature of such dealing</b> Travel Expense to Trustees Meeting 9/9-9/10/2004	<b>11 b Approximate dollar value of such dealing</b> <b>\$85</b>	<b>12 a Nature of interest held or income received</b>	<b>12 b Amount</b> <b>\$0</b>
<b>11 a Nature of such dealing</b> Travel Expense to Trustees Meeting 9/9-9/10/2004					
<b>11 b Approximate dollar value of such dealing</b> <b>\$85</b>					
<b>12 a Nature of interest held or income received</b>					
<b>12 b Amount</b> <b>\$0</b>					

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b> Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	<b>14 a Nature of payment</b>
<b>13.b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14 b Amount of payment.</b> <b>\$0</b>

## Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<b>8 Name and address of Business (including trade name if any)</b>  Name Ohio Bricklayers Pension Fund  Trade Name if any  P O Box Bldg Room No if any Suite 225  Street 205 West Fourth Street  City Cincinnati  State Ohio ZIP Code + 4 45202	<b>9 Business deals with</b>  <input type="checkbox"/> a Labor Organization  <input checked="" type="checkbox"/> b Trust  <input type="checkbox"/> c Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b>  Name Ohio Bricklayers Pension Fund  Trade Name if any  P O Box Bldg Room No if any Suite 225  Street 205 West Fourth Street  City Cincinnati  State Ohio ZIP Code + 4 45202	<b>11 a Nature of such dealing</b>  Travel Expense to Trustee Meeting  12/20-12/21/2001
	<b>11 b Approximate dollar value of such dealing</b> \$78
	<b>12 a Nature of interest held or income received</b>          <b>12 b Amount</b> \$0



## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<b>8 Name and address of Business (including trade name if any)</b>  Name Invesco  Trade Name if any  P O Box Bldg Room No if any One Midtown Plaza  Street 1360 Peachtree St NE Suite 100  City Atlanta  State Georgia ZIP Code + 4 30309	<b>9 Business deals with</b>  <input type="checkbox"/> a Labor Organization  <input type="checkbox"/> b Trust  <input checked="" type="checkbox"/> c Employer
<b>10 If 9.b or 9.c. is checked give trust or employer's name</b>  Name Invesco  Trade Name if any  P O Box Bldg Room No if any One Midtown Plaza  Street 1360 Peachtree St NW Suite 100  City Atlanta  State Georgia ZIP Code + 4 30309	<b>11 a Nature of such dealing</b>  Trustees Dinner 6/17/2004    Estimated value over \$25 00
	<b>11 b Approximate dollar value of such dealing</b>
	<b>12 a Nature of interest held or income received</b>          <b>12 b Amount</b> \$0



